

Foster Family Home - Corrective Action Report

Provider ID: 1-120057

Home Name: Tereza Miranda, CNA

Review ID: 1-120057-8

94-120 Hulahe Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 10/15/2018

End Date: 10/25/18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 3 person CCFFH recertification review made on 10/15/18.

6.(d)(1) - Home in compliance with all requirements.

Asa Gels, RN

Compliance Manager

T. Miranda

Primary Care Giver

10/15/18

Date

10/15/18

Date